

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS359AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>M S J HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4370 ADELPHI AVENUE</b> <b>LAS VEGAS, NV 89120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of survey a complaint investigation conducted in your facility on 5/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.</p> <p>Complaint #NV00021896 was substantiated. See Tags Y085 &amp; Y178</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 085 SS=F	<p>449.199(1) Staffing-CG on duty all times</p> <p>NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.</p>	Y 085		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	Continued From page 1  This Regulation is not met as evidenced by: Based on interview and observation on 5/28/09, the administrator failed to ensure that a sufficient number of caregivers were on duty.  Findings include:  On 5/28/09 at 1:40 PM the surveyor arrived at the facility and the door was answered by Resident #5 who indicated the owner/caregiver (Employee #1) was not home. Resident #1 said "Al is here though." When asked what his position was, he stated "I help out at the facility." Employee #1 arrived at the facility at 2:15 PM and stated "the traffic was bad." Employee #1 said "Al is a caregiver who just started today." An employee file was not available for Al.  Severity: 2 Scope: 3	Y 085		
Y 088 SS=C	4493199(4) Staffing Schedule  NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.  This Regulation is not met as evidenced by: Based on record review and interview on 5/28/09, the administrator failed to maintain a monthly staffing schedule and retained copies for at least six months.  Severity: 1 Scope: 3	Y 088		

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Y 175 SS=F	<p>449.209(4)(b) Health and Sanitation-Hazards</p> <p>NAC 449.209</p> <p>4. To the extent practicable, the premises of the facility must be kept free from:</p> <p>(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 5/28/09, the facility failed to ensure the premises were kept free from hazards. An extension cord was taped down with duct tape over the carpet across the entrance to Bedroom #1. The carpet had frayed duct tape holding the carpet down to the floor between the dining room and the kitchen. There was lint build-up behind the dryer.</p> <p>Severity: 2 Scope: 3</p>	Y 175		
Y 177 SS=F	<p>449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse</p> <p>NAC 449.209</p> <p>4. To the extent practicable, the premises of the facility must be kept free from:</p> <p>(d) Accumulations of dirt, garbage and other refuse.</p> <p>This Regulation is not met as evidenced by: Based on observation on 5/28/09, the facility failed to ensure the premises were kept free from accumulations of refuse. A large accumulation of wood pilings were observed in the rear yard on</p>	Y 177		

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Y 177	Continued From page 3  the west side of the facility.  Severity: 2    Scope: 3	Y 177		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation on 5/28/09, the facility failed to ensure the interior and exterior of the facility was well maintained. The ceiling tiles above the bed in Bedroom #4 had water stains. Resident #5 related the roof leaked when it rained. Siding was missing or falling off the exterior of the facility in several locations. The shower in Bedroom #4 had a large accumulation of mold.  Severity: 2    Scope: 3	Y 178		
Y 698 SS=F	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This REQUIREMENT is not met as evidenced	Y 698		

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Y 698	Continued From page 4  by: Based on observation on 5/28/09, the facility failed to secure oxygen tanks in a rack or to the wall in 1 of 4 bedrooms (Bedroom #3).  Severity: 2 Scope: 3	Y 698			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 5/28/09, the facility failed to ensure 1 of 6 residents received medications as prescribed (Resident #3 - Metformin, Flexol ).  Severity: 2 Scope: 1	Y 878			
Y 881 SS=D	449.2742(6)(b) Medication / change order  NAC 449.2742	Y 881			

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Y 881	<p>Continued From page 5</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 5/28/09, the facility failed to ensure a medication change order was documented on the Medication Administration Record for 1 of 6 residents(Resident #3 - Divalproex).</p> <p>Severity: 2 Scope: 1</p>	Y 881			

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